

Emory Health Plan  
Summary Plan Description  
Flexible Spending Accounts

EMORY



20090318

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## **Eligibility**

You are in an eligible class for coverage under this Plan if you are:

- A regular full-time or half-time (at least 20 hours per week) employee of Emory.
- A temporary full-time employee on an assignment at Emory University scheduled for at least six consecutive months.

You can sign up for the Health Care FSA only, the Dependent Care FSA only, both FSAs, or neither FSA. Participation is completely voluntary; it's up to you to decide which FSA (if any) meets your needs. Only employees can enroll in the Flexible Spending Accounts, but the FSAs can be used to reimburse your dependents' eligible expenses, as well as your own.

When used in this SPD “Emory” means shall mean Emory University and its’ schools, operating divisions and affiliates and any/all entities controlled by Emory University either directly or indirectly, including but not limited to, the Carter Center, Inc., Emory Healthcare Inc., Wesley Woods Center of Emory University Inc., Emory-Children’s Center Inc., The Emory Clinic Inc. and Emory Specialty Associates, LLC.

## **How to Enroll**

Enrolling is easy and available 24 hours a day via Employee Self-Service or e-Vantage through your employer’s homepage. You must enroll within 31 days of your eligibility date. Your completed enrollment authorizes Emory to deposit a portion of your earnings into your FSAs before taxes are deducted.

Federal law requires that whatever election you make is locked in throughout the applicable calendar year unless you have a “family status change.”

### **New Employees**

You must enroll within 31 days of your date of hire (or the date you became eligible to participate) in order to participate in the FSAs.

### **Annual Enrollment**

The annual enrollment period is your opportunity to review your benefit needs for the upcoming year and to change your benefit elections, if necessary. The elections you make will be in effect for the following year.

If you are already enrolled in the FSAs and wish to continue participating, you must re-enroll each year to continue your participation.

## **When Participation Begins**

### **New Employees**

For a newly-hired (or newly eligible) employee, participation begins on the first of the month following your date of hire. You must complete the enrollment process to participate.

## **Annual Enrollment**

Your annual election will go into effect on January 1.

## **Making Changes**

The IRS requires that your FSA elections stay in effect throughout the full Plan year. Once made, you can not change your election during the year unless you experience a “qualified family status change.”

### **Defining a Family Status Change**

The following are examples of qualified family status changes for FSA:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a spouse or child
- Termination of your spouse’s employment
- Commencement of your spouse’s employment
- Transition from part-time to full-time work, or from full-time to part-time work, by you or your spouse
- An unpaid leave of absence taken by you or your spouse

### **If You Have a Family Status Change**

You have 31 days from the qualifying event to change your Health Care and/or Dependent Care FSA election. The change in your FSA election must be due to and consistent with the change in your family status. (For example, if you have a child and cover the baby under your employer Medical Plan, you could increase the amount you are contributing to your Health Care FSA, but you could not stop your FSA contributions.) You should contact the Benefits Department immediately after the change takes place to make sure you allow yourself enough time to take the appropriate action. The Benefits Department will explain the procedure to you.

**If you don’t report the family status change within the 31-day period, you will not be allowed to make the change until the next annual enrollment period.**

## **If You Take a Leave of Absence**

### **Paid Leave of Absence**

Your participation in the FSAs will not be affected if you are granted a paid leave of absence. Payroll deductions will continue, and you can still use your FSAs to reimburse yourself for eligible expenses. You may elect a family status if your change in election is consistent with the circumstances of your leave.

### **Unpaid Leave of Absence**

While on an unpaid leave of absence, you can continue your Health Care FSA by making payments on an after-tax basis (see your Benefits Department for details). If you do not make your payments by the deadline or if you do not elect to continue your Health Care FSA, you will

be offered COBRA coverage. (See *Continued Participation in the Health Care FSA* for details.) If no COBRA coverage is elected, you will be eligible only for reimbursements for claims incurred before the effective date of your unpaid leave or the date you stopped making contributions, whichever is later.

If you are on an unpaid leave of absence, your contributions and participation in the Dependent Care FSA will end. You can continue to be reimbursed from your Dependent Care FSA for eligible expenses you had incurred while you were actively at work; you will *not* be reimbursed for expenses incurred while on unpaid leave. Any balance in your Account from contributions made before your leave can be used for claims incurred upon your return to work.

## **When Your Employment Ends**

### **Health Care FSA**

- If you leave during the year, you have two choices for your Health Care FSA:
- You can close your Account, in which case you'll have until May 15th of the next year to submit claims for expenses incurred before your termination of employment date; or
- You can continue your contributions on an after-tax basis by electing COBRA coverage. (See *Continued Participation in the Health Care FSA* for more information.) In this case, you can still claim reimbursements from your account for expenses incurred after you leave through the end of the year, provided you continue your FSA participation by making after-tax contributions.

### **Dependent Care FSA**

If you leave during the year, your contributions to your Dependent Care FSA end. However, you can still be reimbursed for eligible expenses you incur through your last day worked. You have until March 31st of the next year to submit claims.

### **If You Are Rehired**

If you leave your employer and are rehired within the same year, it will be considered a family status change. Upon your return to work, you may reenroll in the FSAs and have your prior elections reinstated.

### **Continued Participation in the Health Care FSA (COBRA)**

Under some circumstances, you and your eligible dependents can still participate in the Health Care FSA even after your coverage ends. This continued coverage is available if your coverage ends because:

- Your employment terminates for any reason other than gross misconduct;
- Your scheduled work hours are reduced;
- You retire;
- You divorce or legally separate; or
- You die.

This extended coverage is provided through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, and applies to the Health Care FSA only, not to the Dependent Care FSA. The COBRA provisions are described below.

### **COBRA Coverage**

Even if you're no longer eligible, you (and in some cases, your dependents) can still contribute to the Health Care FSA on an after-tax basis. In most cases, Emory's COBRA Administrator will let you (or your dependents) know when you (or they) are eligible for continued coverage. Once you are notified by the COBRA Administrator, you have 60 days to respond if you want to continue coverage. You have to contribute the same amount you were contributing before losing eligibility (plus a 2% administrative fee) and you have 45 days from the time you are billed to send your money. Other than that, the same rules that govern active employees apply.

<b>Who's Eligible to Continue to Participate Through Year-End</b>	<b>In the Event</b>
You	Your employment terminates
You	Your working hours are reduced
Your dependents	You die
Your dependents	You divorce or legally separate

### **Losing Continued Coverage**

Continued participation will end sooner than the time limits shown in the chart if the Health Care FSA is discontinued or if you do not make your contributions on time.

## **Summary of Benefits**

A Flexible Spending Account (FSA) allows you to set aside a portion of your salary on a pre-tax basis in a special account. You can then use the money in your account(s) to reimburse yourself for qualified health care and dependent care expenses. Your taxable salary is reduced by the amount you set aside in your account(s), so you pay lower income taxes and Social Security taxes.

Participation in the FSAs is voluntary. You decide whether you'd like to participate and how much money you would like to set aside, within the minimums and maximums shown below.

	<b>Health Care Account</b>	<b>Dependent Care Account</b>
<b>Your maximum annual contribution</b>	\$5,000	\$5,000
<b>Your minimum annual contribution</b>	\$200	\$200

### **How the Flexible Spending Works**

You fund your FSA(s) by directing a portion of your earnings to your account(s) on a pre-tax basis. You cannot deposit cash directly into your account(s). Once you decide how much you'll contribute for the year, you cannot change your election unless you have a qualified family status change, nor can you transfer money from one FSA to another.

### **How Much You Can Contribute**

You can contribute from \$200 to \$5,000 to your Health Care FSA each year, and you can

contribute from \$200 to \$5,000 a year to your Dependent Care FSA.

**Carefully calculate the amount you contribute to your Flexible Spending Accounts. The IRS imposes a “use it or lose it” rule on FSA plans: you forfeit any money that remains in your account after reimbursement of your eligible expenses for the year. See *Limits and Restrictions* for more information.**

## Limits and Restrictions

To preserve the favorable tax treatment of your contributions, there are several important limitations that you should understand before participating in the FSAs.

- An FSA is what is known as a “use it or lose it” arrangement, which means that if you do not spend all of the money in your account, you lose the unspent balance.
- You cannot fund your account as you go along – you must decide how much to deposit for the year *before* each year begins – so you have to be careful in calculating your anticipated expenses for the coming year. Once you decide your contribution amount, you cannot change it during the year unless you experience a qualified family status change, so you should plan to contribute only as much as you expect to spend in the upcoming year.
- Having a **Health Care FSA** limits your deductions for health care expenses. However, keep in mind that you can deduct unreimbursed health care expenses from your federal income tax only if they exceed the threshold established by the Internal Revenue Service. To be eligible for reimbursement from the **Health Care FSA**, the expenses must be for you, your child or a tax-qualified dependent. A tax-qualified dependent is someone for whom you can claim a tax exemption. Some of the dependents you cover under your medical plan may not be tax-qualified dependents (for example: domestic partners are not usually considered tax-qualified dependents).
- Having a **Dependent Care FSA** limits the tax credits you may be able to take for dependent care expenses. You can use both the FSA and tax credit, provided you do not claim the same expenses for both. However, federal regulations require that your dependent care tax credit be reduced dollar for dollar by whatever you put into your FSA. You should ask your tax advisor to help you choose the right alternative for your tax bracket.
- You cannot transfer funds between the Health Care and Dependent Care FSAs.
- You cannot carry over any unclaimed Dependent Care FSA balances from one year to the next. Any funds remaining in your Dependent Care FSA on December 31 will be forfeited unless they are used to cover expenses incurred during that calendar year and UMR receives your claim for reimbursement by the following March 31.
- You cannot carry over any unclaimed Health Care FSA balances from one plan year to the next. The plan year for Health Care FSA is January 1 – March 15 of the following year. Any funds remaining in your Health Care FSA on March 15th of the following year will be forfeited unless they are used to cover expenses incurred during that plan year and UMR receives your claim for reimbursement by the following May 15. For example claims incurred between January 1, 2009 and March 15, 2010 have to be received by UMR by May 15, 2010.

- In addition to the yearly limits on what you can direct to your FSAs, the Internal Revenue Service requires plans to prove that they do not favor “highly-compensated” employees. If Emory’s FSAs do not pass this test, the contributions made by highly-compensated employees may have to be reduced or reclassified as after-tax contributions. If this happens, Emory will notify those affected.

### **Additional Limits on Dependent Care FSA Contributions**

#### ***If Your Spouse Also Contributes to a Dependent Care FSA***

The IRS sets additional limits on your contributions if you’re married and your spouse has a Dependent Care FSA through his or her employer:

- You are limited to a **combined** Dependent Care FSA contribution of \$5,000 in a calendar year. This limit applies whether you have one or more dependents receiving care.
- If you file **separate** federal income tax returns, the most you can contribute is \$2,500 a year.
- If you file a **joint** return, you cannot contribute more than you earn (or what your spouse earns, if it's less than what you earn for the year, with a \$5,000 limit).

#### ***If Your Spouse Is Either Disabled or a Full-Time Student***

The IRS considers your spouse’s earnings to be \$250 a month if you have one eligible dependent, and \$500 if you have more than one eligible dependent.

### **How Participating in the FSAs Affects Taxes and Other Benefits**

Establishing an FSA can also affect your tax strategy when you file your income tax return. You should consult with a tax advisor *before* signing up for the FSAs – you can’t change your election once you’ve made it, unless you have a qualified family status change (as explained in *Making Changes*).

### **The Tax Advantages**

The Internal Revenue Code section 125 allows your employer to take the money you direct to your FSAs out of your pay before federal and Social Security (FICA) taxes are deducted. That lowers your taxable income, so you pay less federal income tax and Social Security tax. Depending on where you live, your tax savings could be even greater, since most states recognize the tax-free status of FSA funds. What's more, any reimbursements you receive from your FSAs are free from federal tax as long as you have not taken (or do not intend to take) a tax deduction or credit for related expenses when you file your federal tax return.

### **Impact on Other Benefits**

#### ***Employer-Sponsored Benefits***

While you are “reducing” your pay for tax purposes, your pay-related benefits (for example, any employer-sponsored life and disability insurance, and retirement benefits) are not reduced. Your benefits from these plans will be based on your compensation before any amounts are deducted.

#### ***Social Security***

Since your Social Security (FICA) taxes are based on your reduced pay, your future Social

Security benefits may be slightly lower.

## **Your Flexible Spending Account Statements**

The Explanation of Payment (EOP) that UMR issues with each reimbursement is also a good source of information. The EOP details the amount reimbursed and your current balance.

You can also access information about your FSA account status 24 hours a day, 7 days a week at [www.umar.com](http://www.umar.com).

## **Your Health Care FSA**

The Health Care FSA lets you pay many of your otherwise unreimbursed health care expenses with tax-free dollars. Since not every health care expense you incur is eligible for reimbursement through your FSA, it's important to know which are reimbursable and which are not.

**If an expense is covered under any other plan(s), you cannot submit it for reimbursement under your Health Care FSA until the expense has been considered by the other plan(s).**

## **Eligible Health Care Expenses**

You can use your Health Care FSA to reimburse yourself for health care expenses that are considered "medical care" under section 213(d) of the Internal Revenue Code, as long as the expenses are not reimbursed by any health care plan. Tax rules change, so you should check with your tax advisor about the eligibility of specific expenses. You can get additional information about eligible health care expenses from IRS Publication 502, "Medical and Dental Expenses," which is available from your local IRS office and on the IRS website at <http://www.irs.gov>.

Eligible Health Care expenses include:

- Acupuncture
- Auto equipment such as special hand controls to assist the physically disabled
- Braille books and magazines
- Crutches
- Dental treatment
- Drugs that do not require a physician's prescription (over-the-counter medications), as long as they are for medical care, and not merely beneficial to your overall general health. Examples of reimbursable expenses include charges for pain relievers, cold and fever remedies, antibiotic ointments, and allergy medications.
- Eye exams, lenses frames and contact lenses
- Fertility enhancement procedures such as in vitro fertilization (including temporary storage of eggs or sperm), and infertility surgery, including an operation to reverse a prior sterilization procedure
- Guide dog or other animal used by a visually-impaired or hearing-impaired person
- Health care and pharmacy copayment, deductible and coinsurance amounts
- Health care expenses that are above the customary charge or health care plan maximums
- Hearing exams and hearing aids
- Laser eye surgery
- Lead-based paint removal to protect a child who has, or who has had, lead paint poisoning

from continued exposure

- Legal fees directly related to committing a mentally ill person
- Lodging while you receive medical care away from home. Care must be provided by a doctor in a licensed hospital or treatment facility, and the lodging must be primarily for, and essential to, medical care.
- Long term care services required by a chronically ill person, if provided in accordance with a plan of care prescribed by a licensed health care practitioner
- Medical information plan that maintains your medical information so it can be retrieved from a medical data bank for your medical care
- Medical services and supplies not covered by your medical plan
- Osteopathic services
- Smoking cessation programs
- Specialized equipment for the disabled, including:
  - cost and repair of special telephone equipment that allows a hearing-impaired person to communicate over a regular telephone, and
  - equipment that displays the audio part of television programs as subtitles for hearing-impaired people.
- Transportation expenses if primarily for, and essential to, medical care

**If you have any questions about what's considered an eligible expense under the Health Care FSA, you can call UMR Member Services at 866-226-8084. You can also contact your local IRS office or visit the IRS website at <http://www.irs.gov>.**

## **Ineligible Health Care Expenses**

Just as important as understanding what is eligible for reimbursement through your Health Care FSA is knowing what is not generally eligible, including the following:

- Expenses for which you have already been reimbursed by other health care plans (including Medicare, Medicaid, and Emory's or any other Medical or Dental Plan)
- Expenses incurred by anyone other than you or your qualified dependents
- Expenses that are not deductible on your federal income tax return
- Babysitting, child care and nursing services for a normal, healthy baby. This includes the cost of a licensed practical nurse (L.P.N.) to care for a normal and healthy newborn.
- Controlled substances
- Cosmetic dental work
- Cosmetic surgery (any procedure to improve the patient's appearance that does not meaningfully promote the proper function of the body, or prevent or treat illness or disease)
- Custodial care in an institution
- Diaper service
- Electrolysis
- Funeral and burial expenses
- Health care plan contributions, including those for Medicare, your spouse's employer's plan, COBRA, or any other private coverage.

- Health club dues
- Household help, even if such help is recommended by a physician
- Illegal medical services or supplies
- Maternity clothing
- Medical savings account (MSA) contributions
- Over-the-counter health aids that do not treat a specific medical condition, including those recommended by your physician
- Over-the-counter drugs that are beneficial to health, but are not for medical care (for example: vitamins, weight loss aids)
- Nutritional supplements, unless obtained legally with a physician's prescription
- Personal use items, unless the item is used primarily to prevent or alleviate a physical or mental defect or illness
- Prescription drugs for cosmetic purposes
- Weight-loss programs not prescribed by a doctor
- Special schooling for a child, even if the child may benefit from the course of study or disciplinary methods
- Transportation to and from work, even if a physical condition requires special means of transportation
- Up-front patient administration fees paid to a physician's practice
- Vitamins or minerals taken for general health purposes

## **Your Dependent Care FSA**

You can use the Dependent Care FSA to reimburse yourself with tax-free funds for certain dependent care expenses incurred because you (and your spouse, if you are married) work or are looking for work.

### **Eligibility**

If you are married, you may participate in the Dependent Care FSA only if your spouse:

- Works full-time or part-time;
- Is actively looking for work; or
- Has no earned income for the year and:
  - is a full-time student for at least five months of the year; or
  - is incapable of caring for himself or herself or for the dependent.

### **Who Qualifies as a Dependent**

You can use your Dependent Care FSA to cover the expenses of dependents, who are defined as:

- Children who are under age 13 when the care is provided and for whom you can claim an exemption on your federal income tax return;
- Your spouse who is mentally or physically incapable of self-care; and
- Your dependent who is physically or mentally incapable of self-care, and for whom you can claim an exemption (or could claim as a dependent if he or she didn't have a gross annual income of \$3,000 or more).

You can use your Dependent Care FSA to pay expenses for a qualifying child for whom you have joint custody if you pay more than half of the child's support and have custody during the year longer than the other parent. The costs associated with caring for the elderly also qualify for reimbursement if they live in your home at least eight hours a day and are completely incapable of caring for themselves.

## **Eligible Dependent Care Expenses**

The Dependent Care FSA is strictly monitored by the IRS, and only those expenses that comply with Section 129 of the Internal Revenue Code of 1986 are covered. Keep in mind that the expenses must be work-related to qualify as eligible expenses. The IRS considers expenses "work-related" only if they meet *both* of the following rules:

- They allow you (and your spouse) to work or look for work; and
- They are for the care of a qualified person.

You can pay the following work-related expenses through your Dependent Care FSA:

- Wages paid to a baby sitter, unless you or your spouse claims the sitter as a dependent. Care can be provided in, or outside of, your home.
- Services of a Dependent Care Center (such as a daycare center or nursery school if the facility provides care for more than six individuals (other than those who reside there), receives a fee, payment or grant for providing its services, and complies with all applicable state and local laws and regulations.
- Cost for adult care at facilities away from home, such as family daycare centers, as long as your dependent spends at least 8 hours at home.
- Wages paid to a housekeeper for providing care to an eligible dependent. Household services, including the cost to perform ordinary services needed to run your home which are at least partly for the care of a qualifying individual, are covered as long as the person providing the services is not your dependent under age 19 or anyone you or your spouse claim as a dependent for tax purposes.

**If you have any questions about what's considered an eligible expense under the Dependent Care FSA, you can call UMR Member Services at 866-226-8084. You can also contact your local IRS office or visit the IRS website at <http://www.irs.gov>.**

## **Ineligible Dependent Care Expenses**

You cannot use your Dependent Care FSA to reimburse yourself for services that:

- Allow you to participate in leisure-time activities;
- Allow you to attend school part-time;
- Enable you to attend educational programs, meetings or seminars; or
- Are primarily medical in nature (such as in-house nursing care).

## **Claiming Reimbursement**

### **When You Can File Claims**

Expenses must have been incurred during the Plan Year. An expense is incurred when the service that gives rise to the expense is provided. When the expense is billed, charged or paid is irrelevant. You may not be reimbursed for any expenses arising before the plan becomes effective or for any expenses incurred after the close of the plan year, or after a separation from service (except for continuation coverage).

For example, orthodontia payments, even if billed, will not be considered a health care expense under this plan until after the service has been provided. Orthodontia expenses will be reimbursed by this plan only if the expense has been incurred within the plan year. Lump sum payments or services paid in advance of the service being rendered are not reimbursable under this plan.

Orthodontia expenses may also be reimbursed if a reasonable payment schedule or service contract with expense detail is provided with the claim. A reasonable payment schedule or service contract must be prepared by your dentist and must illustrate what orthodontia services are to be provided, when the services are planned to be provided (identified by month and year), and the corresponding projected expenses associated with those services. An example of a reasonable payment schedule or service contract may include a down payment for initial services provided, and subsequent proportional payments in anticipation of follow-up services. Lump sum payments or services paid in advance of the services being rendered are not reimbursable under this plan in absence of a reasonable payment schedule or service contract.

### ***Benny Card***

Participants will automatically receive “Benny” card(s) in the mail. Please activate the card when you receive it so that you will be able to use the card for qualified expenses. Please note that the use of the “Benny” card(s) is purely for convenience only. IRS guidelines for FSAs still require participants to retain receipts for any eligible expense they receive reimbursement for. The FSA plan administrator, UMR, will still request verification of expenses from participants. You will need to submit appropriate supporting documentation for a given expense the “Benny” card was used to pay for or the card will be deactivated until the expense can be substantiated as eligible under the IRS definitions. Please note that a payment receipt may not be sufficient for medical and dental services, so check with UMR to determine what supporting documentation is required.

**Important note - A domestic partner is not usually considered a tax-qualified dependent. Unless your domestic partner is your tax-qualified dependent, his or her expenses are not eligible for reimbursement under the Health Care FSA.**

## **Documenting Your Claim**

### **Health Care Expenses**

When you submit a claim for reimbursement from your Health Care FSA, you must provide a copy of:

- The Explanation of Benefits (EOB) you received from health care plan showing how much, if any, of your claim was paid; or
- Itemized bills from suppliers for expenses not covered by any health care plan. The itemized bill should include the following information:
  - patient name,
  - diagnosis,
  - service or service provided,
  - charge, and
  - date of service.

Your claim will not be accepted if the required information is not provided. You can use the “Flexible Spending Account Health Care Reimbursement” form to ensure that your claim submission contains all of the required information.

### **Dependent Care Expenses**

To file a claim for reimbursement, complete the “Dependent Care Reimbursement” form. Copies of the form are available from Aetna Member Services, on the Aetna website and from your Human Resources Representative. You must provide the following information in your claim submission:

- Dependent’s name
- Provider’s name, address and tax ID (or Social Security) number
- The cost, nature and place of the service(s) performed
- Proof of payment\*
- An indication of whether the provider is related to you and, if so, how (if the provider is your child, you must also include the child's age)

\* You can ask your dependent care provider to sign the claim form as verification of payment. Detailed bills or receipts are also considered acceptable documentation for dependent care expenses.

You are also required to report your provider's taxpayer identification number or Social Security number when you file your tax return.

### **Reimbursement**

UMR processes FSA claims as they are received, and issues FSA claim payments. You can be reimbursed through your Health Care FSA for qualifying health care expenses up to the annual amount you elected at enrollment – even if all of it has not been deducted from your paychecks.

You can be reimbursed for dependent care expenses only up to the amount in your Dependent Care FSA when you file a claim. Any unpaid amounts still due you will be processed in the next claim cycle when (and if) you have enough money in your Dependent Care FSA to cover them. You will receive an Explanation of Payment (EOP), which reflects the status of your account, each time you submit a request for reimbursement (for example, the amount of the claim, how

much of it is eligible for reimbursement, what's been paid to date from your FSA, any amounts still payable, and any balance remaining in your Account).

## **How to Appeal a Denied Claim**

If your claim is entirely or partially denied the reason(s) for the denial will appear on the Explanation of Payment (EOP) you receive from UMR.

### **Health Care FSA Claims**

If you think your claim has been wrongfully denied, you have 180 days after receiving the written denial to request a review. Your request for a review, called an appeal, must be submitted to UMR in writing. Be sure to explain why you think you are entitled to reimbursement, and attach any documentation that will support your claim. UMR must respond to your written request for a review within 30 days of receiving it, explaining the reasons for their decision in clear, understandable language. UMR's decision is final and binding. You can also follow this procedure if you do not receive any response to your claim within 30 days after you've initially filed it with UMR.

### **Dependent Care FSA Claims**

If you think your claim has been wrongfully denied, you have 60 days after receiving the written denial to request a review. Your request for a review, called an appeal, must be submitted to UMR in writing. Be sure to explain why you think you are entitled to reimbursement, and attach any documentation that will support your claim. UMR must respond to your written request for a review within 60 days of receiving it. (UMR will notify you if a longer response time is required.) UMR's decision is final and binding. You can also follow this procedure if you do not receive any response to your claim within 90 days after you've initially filed it with Aetna.

## **Plan Information**

### **Your ERISA Rights: Health Care FSA**

The Employee Retirement Income Security Act of 1974, known as ERISA, guarantees your rights as a Plan participant in the Health Care FSA. ERISA provides that all Plan participants shall be entitled to:

#### **Receive Information About Your Plan and Benefits**

- Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 Series) that is filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.
- Obtain, upon written request to the Plan Administrator, copies of all documents governing the operation of the Plan, including insurance contracts and the latest annual report (Form 5500 Series), and an updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is

required by law to furnish each participant with a copy of this summary annual report.

- Receive a copy of the procedures used by the Plan for determining a qualified domestic relations order (QDRO) or a qualified medical child support order (QMCSO).

### **Continue Group Health Plan Coverage**

- Continue health care coverage for yourself, spouse and/or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.
- Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months after your enrollment date in your coverage under this Plan.

### **Prudent Action by Plan Fiduciaries**

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called “fiduciaries” of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### **Enforce Your Rights**

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan’s decision or lack thereof concerning the status of a domestic relations order or a medical child support order, you may file suit in a federal court.

If it should happen that Plan fiduciaries misuse the Plan’s money or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and

fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### **Assistance With Your Questions**

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance with obtaining documents from the Plan Administrator, you should contact:

- The nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory; or
- Division of Technical Assistance and Inquiries  
Pension and Welfare Benefits Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

### **General Information About the Plan**

Plan Administrator:

Emory University  
Attn: Vice President for Human Resources  
1599 Clifton Road, First Floor  
Atlanta, GA 30322

Agent for Service of Legal Process:

Emory University  
Office of the General Counsel  
201 Dowman Drive  
101 Administration Building  
Atlanta, GA 30322

Employer Identification Number: 58-0566256

Plan Number: 502

Type of Plan: Welfare

Type of Administration:

Administrative Services Contract with:  
UMR Health Plan Administrators, Inc.  
11 Scott Street, Suite 100  
Wausau, WI 54403

### **Amendment or Termination of the Plan**

Emory has the right to amend or terminate the Plan, in whole or in part, at any time. If a change is made, you will be notified. The establishment of an employee benefit plan does not imply that employment is guaranteed for any period of time or that any employee receives any nonforfeitable right to continued participation in any benefits plan.

### **Plan Documents**

This plan description covers the major features of the Flexible Spending Account program administered by UMR, effective January 1, 2009. The plan description has been designed to provide a clear and understandable summary of the Plan, and serves as the Summary Plan Description (SPD) required for plans subject to ERISA.